

1

MICHIGAN DEPARTMENT OF CORRECTIONS
DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

4835-3318
CSJ-318 05/02

Please PRINT clearly illegible and/or incomplete forms will not be processed.

AT-101-L

L-145

Lock _____ Institution _____

24285

Prisoner Number

ZL (Michigan Dept of Corrections)

Prisoner Name (Print Clearly)

Legal Postage

Filing Fee \$ _____

Certified Mail (Must Be a Court Ordered Requirement)

New Case

Case Number *116-24275*

Pay To:

Mailing Address: *Office of Clerk U.S. District Court / General Assembly Building
333 South Washington
900 W Washington Ave.
Madison, WI 53707*

The following section must be completed in Authorizing Staff Member's presence.

Prisoner Signature: *[Signature]*

Date & Time Submitted: *5/10/18 11:00 AM*

Received By

(Print Name & Title): *[Signature]*

Staff Signature: *[Signature]*

Date & Time Received by Authorizing Staff: *5/10/18 11:00 AM*

Authorization Denied:

Does not meet definition of legal mail or court filing fee as identified in CFA OP 05.03.118.

Not hand delivered to authorizing staff member.

New case or case number not on form.

Does not include court order for handling as certified mail.

Other _____

Prisoner refused to sign & date in staff member's presence.

Section below to be completed by Mail Room Staff

Placed in Mail by

(Print Name & Title): *[Signature]*

Signature: *[Signature]*

Postage Amount: \$ _____

Date & Time placed in outgoing Mail: *5/10/18 11:00 AM*

Only Business Office Staff are to Write in the Section Below

Obligation Amount	Actual Expense

Court filing Fee Denied due to NSF.

Date Posted: _____

Date & Time Copy Sent to Prisoner: _____

Processed By

(Print Name & Title): *[Signature]*

Signature: *[Signature]*